PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			10	7		,	RATE	FEE]	RATE	FEE :	
FOR			NUMBER FILED		NUMB	ER EXTRA	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS						86	X\$ 9=	774.	ØΑ	X\$18=	A CANA	
INDEPENDENT CLAIMS			$2/$ minus 3 = * $/8$				X40=	12000	თR	X80=	N. Parti	
MULTIPLE DEPENDENT CLAIM P			RESENT				+135=	7000	OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2						TOTAL	1849	OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I	, ,	
AMENDMENT A .		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AIM	=	X40=		OR	X80=		
	TIMOTTALOL	NIATION OF MIC	DETIFIE DEF	ENDEN	CLANVI		+135=	<u>.</u>	OR	+270=	-0.37#\$	
(Column 1) (Column 2) (Column 3)							TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1) CLAIMS		HIGH	IEST	(Column 3)		ADDI-			ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	***	CL AINA	=	X40=		OR	X80=	, y - v	
	rinoi Fricoci	NTATION OF INIC	DETIPLE DEF	ENDENT	CLAIM		+135=		OR	+270=	· · · · · ·	
							TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur		(Column 3)	ADDITITEE			ADDIT. 1 EE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	COL 411.4	<u> </u>	X40=		OR	X80=		
<u> </u>	rinoi PHESE	NTATION OF MI	JEHPLE DEF	'ENUEN I	CLAIM		+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Provinces Paid For" IN THIS SPACE is less than 30, enter "20"									ΛB	TOTAL		
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20. **If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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